

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments Complaint investigation numbers 27227, 27443, and 27631 were completed during the annual Licensure Survey at Life Care Center of East Ridge on March 6-8, 2011. No deficiencies related to the complaints were cited under chapter 1200-08-06, Standards for Nursing Homes.		N 000		
N1348	1200-8-6-.13(30)(d) Policies and procedures for health care decis (30)Universal Do Not Resuscitate Order (DNR). (d) Nothing in these rules shall authorize the withholding of other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain. This Rule is not met as evidenced by: Based on medical record review, observation and interview the facility failed to review (and revise if needed) the Physician Orders for Scope of Treatment with the family, after a substantial change in health status, of one resident (#3) of twenty-three residents reviewed. The findings included: Resident #3 was admitted to the facility on February 16, 2006, with diagnoses including Alzheimer's, Depression, Hypertension, Senile Dementia, Anxiety, and Chronic Pain. Medical record review of a Nurse Practitioner's order dated February 24, 2011, to change resident #3's oral intake status to NPO (nothing by mouth) due to an increased risk of aspiration.		N1348	1. Resident #3 was discharged on 3/6/11. 2. The nursing administration staff reviewed all other residents Physician Orders for Scope of Treatment (POST) to ensure accuracy according to regulations.	4/5/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

97TY11

TITLE
Ed

(X6) DATE

3/16/11

If continuation sheet 1 of 2

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N1348	<p>Continued From page 1</p> <p>Medical record review of the Physician Orders for Scope of Treatment (POST form) revealed the POST form was signed by resident #3's Medical Power of Attorney, on February 26, 2006. The POST form revealed the resident as a DNR (Do Not Resuscitate). Medical interventions listed as "...comfort measures ...antibiotics ...IV fluids for a defined trial period ..." in the event that the resident's condition declined so that the resident could not maintain adequate hydration. Medical record review revealed no documentation of a discussion with resident #3's Medical Power of Attorney, regarding the POST form.</p> <p>Observation on March 6, 2011 at 9:25 a.m., in the resident's room revealed the resident in bed, a suction machine at bedside, and a sign over the bed stating "NPO" (nothing by mouth).</p> <p>Interview with Social Worker #1 and LPN (Licensed Practical Nurse) #3 on March 7, 2011 at 2:16 p.m., in the social worker's office, confirmed there was no documentation of a review (and revision if needed) of resident #3's POST form with resident #3's Medical Power of Attorney when the resident's condition had declined.</p>	N1348	<p>3. The Staff Development Director or designee conducted an educational inservice to the nursing staff on 3/15/11 on the policy regarding Physician Orders for Scope of Treatment. When a resident has a substantial change in health status the nursing staff will review the POST to determine if further action needs to be taken. When a resident has a substantial change in health status the Minimum Data Set (MDS) staff will review the POST to ensure it is being followed and reviewed with the responsible party of the resident. The POST reviews by the MDS staff will be reviewed by the Director of Nursing or designee as completed, for three months.</p> <p>4. The Director of Nursing will report audit results to the Quality Assurance Committee monthly consisting of the Medical Director, Director of Nursing, Administrator, Social Services, Pharmacist and other interdisciplinary team members for further recommendations, if needed. The Administrator will monitor to ensure continued compliance.</p>		